

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement On Reverse Side

B-27

ELECTRONIC STD. 262 (REV. 04/95)

Page of Pages

CLAIMANT'S NAME: Matthew R. Bettenhausen
SSAN OR EMPLOYEE NUMBER*:
DEPARTMENT: California Emergency Management Agency

POSITION: Secretary
CB/ID NUMBER: E99
DIVISION OR BUREAU: Executive
INDEX NUMBER:

RESIDENCE*:
HEADQUARTERS ADDRESS: 3650 Schriever Ave.
TELEPHONE NUMBER: 916-324-8908

CITY: Sacramento
STATE: CA
ZIP CODE: 95833
CITY: Mather
STATE: CA
ZIP CODE: 95655

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) O.T., L.T., N/C, RELO. OR DINNER	(7) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(1) MONTH/YEAR	(2) DATE			BREAK-FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
March 2010		Sacramento to Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00							\$ 191.10
		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 197.10
		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 197.10
		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 197.10
		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 197.10
		Virginia to Sacramento	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 197.10

(10) SUBTOTALS	\$ 942.60	\$ 36.00	\$ 60.00	\$ 108.00	\$ 30.00								\$ 1,176.60
COLUMN CODE (ACCTG. USE ONLY)													

10 MAR 11 AM 9:51
ACCOUNTING RECEIVED

\$ 1,176.60

CLAIM TOTAL
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)
Attend NEMA Conference.

(12) NORMAL WORK HOURS: 9:00 - 6:00
(13) PRIVATE VEHICLE LICENSE NUMBER:
(14) MILEAGE RATE CLAIMED: 48.5¢/Mile
AGENCY ACCOUNTING OFFICE
USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER:

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements of Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE: 4/30/10
(17) SIGNATURE AND TITLE: [Signature]
JSES (See item 17 on reverse)

DATE: 5/5/2010
DATE:

copy

B-27

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CLAIMANT'S NAME Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT California Emergency Management Agency	
POSITION Secretary	CB/D NUMBER E99	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE*		HEADQUARTERS ADDRESS 3650 Schriever Ave.		TELEPHONE NUMBER 916-324-8908	
CITY Sacramento	STATE CA	ZIP CODE 95833	CITY Mather	STATE CA	ZIP CODE 95655

(1) MONTH/YEAR March 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
4-Mar	6:00	Sacramento to Virginia										
5-Mar		Virginia										
6-Mar		Virginia										
7-Mar		Virginia										
8-Mar		Virginia										
9-Mar	21:15	Virginia to Sacramento							\$ 54.00			\$ 54.00
(10) SUBTOTALS									\$ 54.00			\$ 54.00
COLUMN CODE (ACCTG. USE ONLY)												

ACCOUNTING RECEIVED
10 MAY 11 AM 9:52

CLAIM TOTAL \$ 54.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required) Attend NEMA Conference.	
(12) NORMAL WORK HOURS 9:00 - 6:00	
(13) PRIVATE VEHICLE LICENSE NUMBER	
(14) MILEAGE RATE CLAIMED 48.5¢/Mile	
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE 5/6/10
(17) SIGNATURE OF CLAIMANT DATE	